



# Returning Student Registration Checklist

Innovation Academy  
825 W. Desert Fairways Dr.  
Oro Valley, AZ 85755  
520.269.4610

Student Name: \_\_\_\_\_

Grade current school year \_\_\_\_\_

Grade NEXT school year \_\_\_\_\_

## YOU MUST COMPLETE THESE FORMS

### Forms to Complete

- ☐ Student Registration – **MUST** be signed by parent/guardian
- ☐ McKinney-Vento Eligibility Questionnaire
- ☐ Health Information Form – **MUST** be signed by parent/guardian

### Other Documents - If Applicable (if changes)

- ☐ Custody documentation / Pending Custody / Court Order

I understand that open enrollment status may be revoked due to excessive tardiness or absences. Excessive violations to the District's Code of Student Conduct may result in the revocation of open enrollment status.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

In order to secure your spot for next year at Innovation Academy, this packet must be completed and returned to school by:

**A-N – Monday, Feb 13<sup>th</sup>**

**O-Z – Monday, Feb 20<sup>th</sup>**

Has any of the information in this packet changed from last year: **YES NO**

Please check any information that has changed from last year's registration that we have NOT been notified about:

- ☐ Address      ☐ Phone numbers      ☐ Emergency/pick-up Contacts

If you've moved, please provide new proof of residency.

If you are not returning to Innovation Academy, please indicate where your child will be attending school next year:

\_\_\_\_\_

# Amphitheater Public Schools - Student Registration Form



School			
School Year		Entering Grade Level for Given School Year	

**Directions:** After completing this form, please save a copy on your computer. The Student Registration Form, along with any accompanying documentation, can be turned into the front office of the school you are enrolling your student.

STUDENT INFORMATION (Please PRINT student name exactly as it appears on the birth certificate)					
Legal Last Name	Legal First Name	Preferred First Name	Full Middle Name	Generation (Jr. III, IV, etc.)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race: (Check all that apply) <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian / Alaskan Native (Tribal Affiliation and Number )				
Date of Birth (mm/dd/yyyy)	Country of Birth	State of Birth (US only)		Place of Birth (City)	
Residential Address:		Apt.#	City	ST	Zip
Preferred Mailing Address:		Apt.#	City	ST	Zip

Enrollment History	Has this student ever attended school in Arizona before? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Has this student ever attended an Amphitheater school any time in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Last school attended: <input type="checkbox"/> Public <input type="checkbox"/> Charter <input type="checkbox"/> Private <input type="checkbox"/> Homeschool					
Year	Grade Level	District	City	State	

Special Programs, Accommodations or Services (Check all that apply past or present and provide paperwork.)
<input type="checkbox"/> Special Education <input type="checkbox"/> 504 <input type="checkbox"/> English Language Development <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Gifted/Accelerated ( <input type="checkbox"/> Student was previously participated in accelerated classes/programs) <input type="checkbox"/> Other _____
<b>Note:</b> Please submit all relevant documentation/records, including but not limited to 504 Plan, IEP, BIP, Chronic Illness, etc.

Other Information (Check all that apply)
<input type="checkbox"/> Active Military Dependent <input type="checkbox"/> Foster <input type="checkbox"/> DCS <input type="checkbox"/> Refugee Status <input type="checkbox"/> McKinney-Vento/Homeless <input type="checkbox"/> Open Enrollment

Other Children/Siblings Under 18 Living at this Address			
Name (Last Name, First Name)	Date of Birth	School	Grade

Transportation (Students must meet eligibility guidelines as listed in Board Policy. Please see Amphitheater website.)
If riding bus, student will ride: <input type="checkbox"/> To AND From School <input type="checkbox"/> To School Only <input type="checkbox"/> From School Only <input type="checkbox"/> Day Care:
Other modes of transportation: <input type="checkbox"/> Walk <input type="checkbox"/> Bike <input type="checkbox"/> Parent Drop Off / Pick Up <input type="checkbox"/> Student drives (HS only)

Office Use Only	AM Bus# _____ Stop _____ PM Bus# _____ Stop _____	Student ID: _____ Entry Code: _____ Start Date: _____ Data Entry Date: _____ Initials of Person Entering Data: _____
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Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

**Parent/Guardian Contact #1** (Only contact #1 is the PRIMARY contact and will be contacted first)

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____				
Last Name		First Name		Employer
Cell Phone (   )   -		Home Phone (   )   -		Work Phone (   )   -
<input type="checkbox"/> Address same as the student	Address (if different than student):			
	Apt.#	City	ST	Zip
Email: _____ @ _____			Contact #1 Spoken Language	
<input type="checkbox"/> Agrees to be contacted electronically, including text messages, for educational items (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)				
<input type="checkbox"/> I would like to receive a printed copy of Amphitheater Code of Conduct (Amphitheater Code of Conduct is accessible via the following link: <a href="https://www.amphi.com/Domain/1053">https://www.amphi.com/Domain/1053</a> )				
Check all that apply:	<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
	<input type="checkbox"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact				

**Parent/Guardian Contact #2**

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				
Last Name		First Name		Employer
Cell Phone (   )   -		Home Phone (   )   -		Work Phone (   )   -
<input type="checkbox"/> Address same as the student	Address (if different than student):			
	Apt.#	City	ST	Zip
Email: _____ @ _____			Contact #2 Spoken Language	
<input type="checkbox"/> Please keep me informed regarding my child's education through email and text messages as needed. (e.g., emails from teachers and principals, progress reports, messages from schools, etc.)				
<input type="checkbox"/> I understand the Code of Conduct is available online, but I would still like a printed copy. (Amphitheater Code of Conduct is accessible via the following link: <a href="https://www.amphi.com/Domain/1053">https://www.amphi.com/Domain/1053</a> )				
Check all that apply:	<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
	<input type="checkbox"/> Receives Report Card		<input type="checkbox"/> Can have Parent Portal Access	
<input type="checkbox"/> Is an Emergency Contact				

Who has legal custody of the child? <input type="checkbox"/> Contact #1 <input type="checkbox"/> Contact #2   (Check both if applicable.)				
Is there a joint custody or parenting plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No   (If yes, plan must be on file with the school.)				
Is this student in care of a guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No   (If yes, legal guardianship records must be on file with the school.)				
Is there a restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No   Against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other   (Papers must be on file with school.)				
Additional Information:				

**Additional Contact #3**

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				
Last Name		First Name		#3 Spoken Language
Cell Phone (   )   -		Home Phone (   )   -		Work Phone (   )   -
Check all that apply:	<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
	<input type="checkbox"/> Can have Parent Portal Access (Email: _____ @ _____)		<input type="checkbox"/> Is an Emergency Contact	

**Additional Contact #4**

<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Mother <input type="checkbox"/> Foster Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____				
Last Name		First Name		#4 Spoken Language
Cell Phone (   )   -		Home Phone (   )   -		Work Phone (   )   -
Check all that apply:	<input type="checkbox"/> Can pick up student		<input type="checkbox"/> Lives with student	
	<input type="checkbox"/> Can have Parent Portal Access (Email: _____ @ _____)		<input type="checkbox"/> Is an Emergency Contact	

**I VERIFY ALL OF THE INFORMATION ON THIS FORM IS ACCURATE**

Enrolling Parent/Guardian Printed Name	Enrolling Parent/Guardian Signature	Date
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Amphitheater Unified School District does not discriminate on the basis of race, color, religion/religious beliefs, gender, sex, age, national origin, sexual orientation, creed, citizenship status, marital status, political beliefs/affiliation, disability, home language, family, social or cultural background in its programs or activities and provides equal access to the Boy Scouts and other designated youth groups. Inquiries regarding the District's non-discrimination policies are handled at 701 W. Wetmore Road, Tucson, Arizona 85705 by Frances Araujo Lopez, Equity & Safety Compliance Officer and Title IX Coordinator, (520) 696-5164, farajulopez@amphi.com, or Kristin McGraw, Executive Director of Student Services, (520) 696-5230, kmcgraw@amphi.com.

## Amphitheater Public Schools McKinney-Vento Eligibility Questionnaire

This questionnaire is intended to address the McKinney-Vento Act, Title X, Part C of the No child Left Behind. Answers to these questions will help determine services a student may be eligible for. See the attached page for a description of the McKinney-Vento Act. Filling out this questionnaire is voluntary.

1. Is your current address a temporary living arrangement? YES\_\_\_ NO\_\_\_
2. Is your temporary address due to loss of housing or economic hardship? YES\_\_\_ NO\_\_\_

If you answered "NO" to both of these questions, you may stop here. Thank you.

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Responses to the rest of this page are also voluntary and will tell us that you are interested in possible services under McKinney-Vento. If you answered "yes" to the questions above, please fill out the remainder of this form. You may fill out one form for all of your children.

Names of adults in the home : \_\_\_\_\_

Today's Date: \_\_\_\_\_

Name of School	Name of Student	Grade	Address	Phone Number

1. Where are these students presently living? (check one box)
  - ☐ Doubled-up with relatives or friends
  - ☐ In a transitional housing program
  - ☐ In a motel
  - ☐ In a shelter
  - ☐ Moving from place to place
  - ☐ In a place not considered traditional "housing" (campground, car, public place, etc.)
2. Do you also have pre-school children at home? YES\_\_\_ NO\_\_\_
3. Are you a high school student who is currently living on your own due to hardship? YES\_\_\_ NO\_\_\_  
(unaccompanied youth also qualify for services under this law.)
4. Are there any pressing needs that could prevent your child from being successful at school? YES\_\_\_ NO\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your living arrangement is both temporary and the result of economic hardship, you may qualify for services under the McKinney-Vento Act. The purpose of this law is to provide academic stability for students of families in transition.

You may want to talk with the Amphitheater Homeless Education Liaison if your family's temporary living arrangement is one of the following:

You are living with friends or relatives or moving from place to place because you cannot currently afford your own housing.

You are living in a shelter or motel.

You are living in a Transitional Housing Program.

You are living in housing without water or electricity.

You are living in a place not considered traditional "housing" like a car or campground.

You are a student living on your own (in a similar situation) without a parent or legal guardian.

\*A student may qualify as an "unaccompanied youth" if he or she is living with someone who is not a parent or guardian, or if he or she is moving from place to place without a parent or guardian.

Children who qualify under McKinney-Vento have the right to:

Attend the school they were attending when their family was forced to move to a temporary address because of economic hardship, even if that school is in another school district. The choice must be a reasonable one that is in the best interest of the children involved. Check with the district Homeless Education Liaison if you are not sure.

- Attend the school closest to where they are being sheltered.
- Stay in this school for the duration of the school year if their families are forced to move to another temporary address because of economic hardship.
- Receive assistance with transportation to attend school while they are being temporarily housed.
- Start school immediately while people at school help families obtain school and immunization records or other documents necessary for enrollment.
- Enroll in school without having a permanent address.
- Participate in the same programs and services that other students participate in.
- Receive Title 1 services, including free breakfast and lunch.

If you feel your family may be eligible under the McKinney-Vento Homeless Assistance Act, please contact Mary Beth Santillan, McKinney-Vento Ed. Liaison at 520.696.5061 or [mbsantilan@amphi.com](mailto:mbsantilan@amphi.com)

**AMPHITHEATER SCHOOL DISTRICT  
HEALTH INFORMATION FORM**

Student **Full Legal Name** \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_ School **Innovation**  
Last First Middle M/F

Resident Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
City State County

**Name/Address of Person(s) with whom Student may reside:**

Name	Address (If different than above)	Home #	Work #	Cell #
Father _____	_____	_____	_____	_____
Step-Father _____	_____	_____	_____	_____
Mother _____	_____	_____	_____	_____
Step-Mother _____	_____	_____	_____	_____
Guardian _____	_____	_____	_____	_____

**Brothers/Sisters:**

Name _____	Age ____	School _____	Name _____	Age ____	School _____
Name _____	Age ____	School _____	Name _____	Age ____	School _____
Name _____	Age ____	School _____	Name _____	Age ____	School _____

**Any legal restricted custody decision the school health office should be aware of? If yes, describe:** \_\_\_\_\_

Language(s) spoken by Student \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_

**PLEASE CHECK THE FOLLOWING ITEMS, IF THEY PERTAIN TO YOUR STUDENT:**

☐ADHD ☐Allergies/drug ☐Allergies/food ☐Allergies/seasonal ☐Asthma ☐Birth defects ☐Blood disorder ☐Bowel/bladder  
☐Diabetes ☐Glasses/contacts ☐Headaches/migraines ☐Hearing problem ☐Heart condition ☐Orthopedic  
☐Psychiatric disorder ☐Seizure disorder ☐Other (If any items were checked, please explain) \_\_\_\_\_

**If your student is to take medication at school, a signed consent form is required.**

Please list all medication(s) student is now taking at home or school: \_\_\_\_\_

What health or physical problem might affect school attendance or participation in **PE**? \_\_\_\_\_

Has your student ever been involved in a special education program? If yes, please explain \_\_\_\_\_

INSURANCE COVERAGE: ☐None ☐AHCCCS ☐Kids Care ☐Indian Health Services ☐Other Health Plan \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**If parent/guardian cannot be reached, name a relative or friend with a LOCAL PHONE who will be responsible for your student if he/she is hurt or becomes ill at school. (Please notify the school health office of any information changes on this card.)**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If emergency medical action or treatment is required, and parent/guardian cannot be contacted, I hereby authorize my child to be given emergency medical care as deemed necessary by school officials. I understand that any expenses incurred will be paid for by the parent/guardian or by insurance coverage provided by the parent/guardian, and that payment of any medical expense is not the responsibility of the school or the school district.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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